

County of Origin:_____ (use separate sheet for each County of Origin)

List Materials in Tons

Municipality(ies)	15	17	19	22	27	30	Total
Total							

15-Tires

17-Trees, Tree Parts, Brush and Tree Stumps

19- Leaves

22. Asphalt, Concrete, Asphalt Roofing, Brick and Block

27-Petroleum Contaminated Soil

30- Wood Scraps (unpainted and non-chemically treated)

I certify that the information entered above is true to the best of my knowledge.

Signature: _____ Title: _____ Date: _____

THIS FORM MUST BE RECEIVED BY **APRIL 1st** OF THE YEAR FOLLOWING THE DATA REPORTED ABOVE.

New Jersey Department of Environmental Protection

Solid and Hazardous Waste Program

Bureau of Recycling and Planning

PO Box 414

Trenton, NJ 08625

Attn: Carol Puca